



WATER UTILITY RENTAL AUTHORIZATION FORM

Owners/Property Managements of rental homes must complete this authorization form to inform us when a new tenant is scheduled to commence or terminate renting their home and where "Gap" bills (in-between renters) are to be mailed.

Property Address: _____

Lease Terminated: _____ Tenant: _____

Tenant's forwarding address: _____

New Tentant Information:

Date Lease Commenced: _____ Tenant: _____

Tenant Driver's License Number: _____ State: _____

Social Security or other ID#: _____

Spouse/Other: _____

Spouse/Other Driver's License Number: _____ State: _____

Social Security or other ID#: _____

Owner (s): _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____

Mail "Gap" bills to: _____

Address: _____

Signature: _____ Date: _____

Please fax this application to 253.964.3554, Attn: Utility Billing
OR scan and email to dhunter@ci.dupont.wa.us or jbrunzell@ci.dupont.wa.us
OR mail to: City of DuPont, Attn: Utility Billing, 1700 Civic Drive, DuPont, WA 98327

City of DuPont
1700 Civic Drive
DuPont, WA 98327-9603
Main Phone: 253.964.8121 Utility Billing: 253.912.5210 FAX: 253.964.3554
www.ci.dupont.wa.us